



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
BREATH ALCOHOL PROGRAM  
**DATAMASTER MAINTENANCE REPORT**

**RECEIVED** REPORT #6  
By Carol Day at 4:00 pm, Aug 12, 2014

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days).  
Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.  
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

DATAMASTER SN <b>202004</b>	NAME OF AGENCY <b>MSHP - D</b>	DATE OF INSPECTION <b>08-03-2014</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>GREENE COUNTY 1000 N. BOONVILLE AVE, SPRINGFIELD, MO, 65802</b>		TIME OF INSPECTION <b>1725 HOURS</b>

**FAIL**

**CHECKLIST:** Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	DATE AND TIME (from printout) <b>08/03/14 1745</b>
<input checked="" type="checkbox"/> COMPUTER	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTERS
<input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER <b>49</b> °C	<input checked="" type="checkbox"/> QUARTZ STANDARD
<input checked="" type="checkbox"/> FLOW DETECTOR	<input checked="" type="checkbox"/> CALIBRATION
<input checked="" type="checkbox"/> PUMP HIGH SPEED	<input checked="" type="checkbox"/> PRINTER
<input checked="" type="checkbox"/> INDICATOR LIGHTS	
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER <b>GUTH LABORATORIES INC</b> LOT # <b>13290</b> EXP. DATE <b>10-29-15</b>	
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <b>34.2</b> °C SIMULATOR SN <b>G11082</b> EXP. DATE <b>10-31-14</b>	
<input checked="" type="checkbox"/> CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)	
Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)	
<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE	
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE	
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE	

TEST 1 <b>0.098</b>	TEST 2 <b>0.099</b>	TEST 3 <b>0.100</b>			
<input checked="" type="checkbox"/> PERFORM R.F.I. TEST (PRINTOUT ATTACHED)					
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)					
REFUSALS <b>1</b>	(0-.04) <b>0</b>	(.05-.09) <b>3</b>	(.10-.14) <b>4</b>	(.15-.19) <b>2</b>	OVER .19 <b>0</b>

LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS  
(USE OTHER SIDE IF NECESSARY).

**0.10 SOLUTION**

**MEETS MOHSS REQUIREMENTS**

**INSPECTING OFFICER**

SIGNATURE <b>CPL. K.D. WALTERS</b>	PRINT FULL NAME <b>K.D. WALTERS</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>240078 03-07-2016</b>	TELEPHONE NUMBER <b>(417) 895-6868</b>

RETURN COMPLETED REPORT TO THE:  
Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
2875 James Blvd.  
Poplar Bluff, MO 63901



**GUTH LABORATORIES, INC.**

690 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-584-5470

## CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13290 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on October 31, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1202% (w/vol) ethyl alcohol. The expiration date for this lot number is October 29, 2015 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President  
GUTH LABORATORIES, INC.

***NIST Traceability:***

*Testing was conducted using Cerilliant Reference Standard lot number FN122211-02 whose values are traceable to NIST.*

*All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.*

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 202004  
08/03/14  
17:45

## --- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM (04-07-2009): OKAY

HEATERS

SAMPLE CHAMBER: 49c

FLOW DETECTOR: OKAY

PUMP

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

## PRINTER TEST

!"#\$%&'()\*+,-./0123456789:;<=>?@ABCDEFGHI  
HIJKLMNOPQRSTUVWXYZ[\]^\_`abcdefghijklmno  
pqrstuvwxyz{|}~

Operator Signature CPL K. D. Walters 674

2208-02

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 202004  
08/03/14

## TESTING OFFICER:

WALTERS/K/D

OFFICER I.D.: 674

PERMIT NUMBER: 240078

EXPIRATION DATE: 03/07/16

MISCELLANEOUS DATA:

MONTHLY MAINTENANCE

## --- SUPERVISOR MODE ---

BLANK TEST	.000	17:53
INTERNAL STANDARD	VERIFIED	17:53
EXTERNAL STANDARD	.098	17:53
BLANK TEST	.000	17:54
EXTERNAL STANDARD	.099	17:54
BLANK TEST	.000	17:55
EXTERNAL STANDARD	.100	17:55
BLANK TEST	.000	17:56

N = 3

SIM. = .1

AVG. = .099

Operator Signature CPL K. D. Walters 674

**BAC DataMaster**  
**Evidence Ticket**

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 202004  
08/03/14

ARREST TIME: 17:30

SUBJECT NAME:

DOE/J/J

DOB: 11/11/11 SEX: M

STATE/D.L.: MO/123456789

ARRESTING OFFICER:

WALTERS/K/O

OFFICER I.D.: 674

TESTING OFFICER:

SAME

OFFICER I.D.: 674

PERMIT NUMBER: 240078

EXPIRATION DATE: 03/07/16

MISCELLANEOUS DATA:

RFI TEST

--- BREATH ANALYSIS ---

BLANK TEST .000 17:59

INTERNAL STANDARD VERIFIED 17:59

RADIO INTERFERENCE

Operator Signature

*Ch. K. O. Walters 674*



STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM

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**PERMIT  
TYPE II**

**KENNETH D WALTERS**

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

**DATAMASTER, INTOX DMT**

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 3/7/2014

NUMBER 240078

EXPIRES 3/7/2016

MO 680-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)



STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM

**INSTRUMENT OPERATOR CARD**

*The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.*



Operator WALTERS, KENNETH  
Permit No 240078  
Date Issued 3/7/2014 Date Expires 3/7/2016